



DOCKET NO. 700157/48457

16484

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Wyatt et al.

RECEIVED

Application No.: 09/446,799

Group No.: 1648

OCT 04 2002

Filed: May 10, 2001

Examiner: Li, Bao Q.

TECH CENTER 1600/2900

FOR: GLYCOSYLATED MODIFIED PRIMATE LENTIVIRUS ENVELOPE
POLYPEPTIDES

Assistant Commissioner for Patents
Washington, DC 20231

CERTIFICATE OF MAILING

I hereby certify that this correspondence, on the date shown below, is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner of Patents, Washington, DC 20231:

Response to Restriction Requirement (2pp)

Restriction Requirement Transmittal (4pp)

Transmittal Form (1pg)

Fee Transmittal for FY 2002 (1pg)

Check for \$720.00

Return Receipt Postcard.

Date: 9.24.02

Patricia W. Turner
Patricia W. Turner



Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

09/446,799

Filing Date

May 10, 2001

RECEIVED

First Named Inventor

R. Wyatt

OCT 04 2002

Group Art Unit

1648

TECH CENTER 1600/2900

Examiner Name

Bao Q. Li

Total Number of Pages in This Submission

Attorney Docket Number

700157/48457

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached 720.00	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below): Response to Restriction Requirement (2pp)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

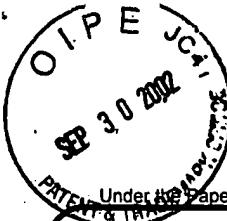
Firm or Individual name	Ronald I. Eisenstein, Reg. No. 30,628
Signature	
Date	9/24/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Patricia W. Turner
Signature	
Date	9.24.02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 720.00)

Complete if Known

Application Number	09/466,799	RECEIVED
Filing Date	May 10, 2001	OCT 04 2002
First Named Inventor	R. Wyatt	
Examiner Name	Bao Q. Li	
Group Art Unit	1648	
Attorney Docket No.	700157/48457	TECH CENTER 1600/2900

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account: Charge deficiencies to 50-0850

Deposit Account Number
50-0850
Deposit Account Name

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		-20** =	X	=
		-3** =	X	=

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

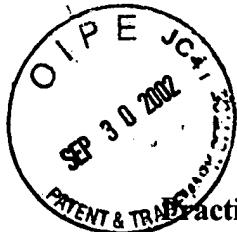
720

SUBMITTED BY

Name (Print/Type)	Ronald I. Eisenstein	Registration No. (Attorney/Agent)	30,628	Telephone	(617) 345-6054
Signature					
Date	9/24/02				

WARNING: Information on this form may become public. Credit card information should not be included in this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Practitioner's Docket No. 700157/48457

PATENT

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In re application of: Wyatt et al.

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For: GLYCOSYLATED MODIFIED PRIMATE LENTIVIRUS ENVELOPE
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Group No.: 1648

Examiner: Li, Bao Q. TECH CENTER 1600/2900

Assistant Commissioner for Patents
Washington, D.C. 20231

RESTRICTION REQUIREMENT TRANSMITTAL

1. Transmitted herewith is a restriction requirement for this application.

STATUS

2. Applicant is

[X] a small entity. A statement:

[] is attached.

[X] was filed December 22, 1999.

[] other than a small entity.

EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) — If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

NOTE: See 37 C.F.R. 1.645 for extensions of time in interference proceedings, and 37 C.F.R. 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) [X] Applicant petitions for an extension of time under 37 C.F.R. 1.136
(fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:

	<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
[]	one month	\$110.00	\$55.00
[]	two months	\$400.00	\$200.00
[]	three months	\$920.00	\$460.00
[x]	four months	\$1440.00	\$720.00
[]	five months	\$1960.00	\$980.00

Fee: \$ 720.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- [] An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) [] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2) (Col. 3) SMALL ENTITY			OTHER THAN A SMALL ENTITY			
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total * Minus ** =		x \$11 = \$			x \$22 = \$		
Indep. * Minus *** =		x \$41 = \$			x \$82 = \$		
[] First Presentation of Multiple Dependent Claim		+ \$135 = \$			+ \$270 = \$		
	Total Addit. Fee	\$ _____	OR	Total Addit. Fee	\$ _____		

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: *"After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).*

(complete (c) or (d), as applicable)

(c) [X] No additional fee for claims is required.

OR

(d) [] Total additional fee for claims required \$ _____.

FEE PAYMENT

5. [X] Attached is a check in the sum of \$ 720.00.
[] Charge Account No. _____ the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. [X] If any additional extension and/or fee is required, charge Account No. 50-0850.

AND/OR

[X] If any additional fee for claims is required, charge Account No. 50-0850.



SIGNATURE OF PRACTITIONER

Reg. No. 30,628

Ronald I. Eisenstein*(type or print name of practitioner)*

Tel. No. (617) 345-6054

Nixon Peabody LLP

101 Federal Street

P.O. Address

Customer No. 26248

Boston, MA 02110